# THE JOURNAL of SOCIAL THERAPY







VOL. I JANUARY, 1955 No. 2

# THE JOURNAL OF SOCIAL THERAPY

is the official publication

of the Medical Correctional Association.

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Membership in this Association includes physicians, psychologists, sociologists, social workers and others engaged in research in connection with delinquency and anti-social reactions and their causation, prevention and treatment.

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927 Fifth Avenue, New York 21, N. Y.

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Articles and correspondence on topics relevant to the work of the Medical Correctional Association and its interests are invited. Material submitted for publication should be addressed to the Editor at 927 Fifth Avenue, New York 21, N. Y.

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# WISCONSIN'S EXPERIENCE IN TREATING PSYCHIATRICALLY-DEVIATED SEXUAL OFFENDERS*

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FOR the past decade or so, much medico-legal thought has been given to the care of the psychiatrically-deviated offender in our correctional institutions and on parole. Let us consider Wisconsin's experience with its new-born (so-called sex psychopath) law and the thinking which brought it into existence a little more than three years ago.

The futility of perpetuating the errors of the past in the handling of psychiatrically-deviated offenders was generally recognized. The time for a change was at hand as a group of socially-minded citizens, unusually endowed with an understanding of human behavior, its roots and tentacles and its final product for good or evil, gathered at our state capitol on March 19, 1951. The purpose was to seek a solution to the sex deviate scare that had alarmed the country and had been so played up in the press and the newscasts.

At that moment, a vicious rapist was dominating the headlines. A so-called sex fiend was on the loose. One "mad man" was attracting more attention than millions of citizens whose lives would ever command more than a few modest lines in an obituary column. Vengeance was on the move.

As in all times of crisis, leaders arose, intelligent and decent men and women, specialists in many fields. Such were the people gathered by John W. Tramburg, Director of our State Department of Public Welfare. Those men and women examined the old way of doing things, looked over the bitter fruit that was being harvested as a result of the cruelty, the neglect and the injustice of the old way, and came up with a proposal that is now a part of our law.

The committee assumed from the beginning that: (1) the problem had been greatly exaggerated and we actually knew little about it; (2) in providing protection to the public it was equally interested in seeing that this public protection did not infringe on the rights of the individual.

Four months later, on July 27, 1951, our Sex Deviate Act (Section 340.485 Wisconsin Stats.) was written into law. Through the enactment of this statute dealing with a special category of offenders, the Legislature and Governor Walter J. Kohler, who signed the bill, gave recognition to the repeated declarations of psychiatrists that all offenders are not equally responsible under the law. In advocating this law, the state's leading psychiatrists, correctional administrators, psychologists, sociologists and social workers pointed to the gen-

*From a paper read before the Medical Correctional Association at the Eighty-fourth Congress of Correction in Philadelphia, Oct. 26, 1954.

erally accepted concept that the psychiatrically-deviated sexual offender, whose behavior grievously offends public morals and renders him irresponsible for his sex conduct, is normally more responsive to treatment than to punishment. This marks a radical departure from the traditional belief that all who violate the criminal law should be punished severely for their infractions.

Briefly, the law is aimed principally at the aggressive, sadistic rapist and the assaulters of children of both sexes. In effect, it provides for two things: First, it permits treatment for the treatable, and maximum custody for life, if need be, for those who have neither the wish nor the ability to change their behavior; second, it also takes into account other sex offenders where there is room to believe that the individual is sufficiently psychiatrically deviated in the sexual area to be studied and considered for handling under this act.

The law also makes provision for the voluntary admission to a Sex Deviate Facility of persons who believe themselves to be afflicted by a physical or mental condition which may result in aggressive sexual action which is dangerous to the public. This section of the act remains inoperative because of the lack of adequate professional staff and sufficient funds.

The extent of the problem of handling the deviated sexual offender in Wisconsin can be demonstrated in part by a brief statistical rundown of our experience. The law has been in effect for three years. During the period July 27, 1951, through June 30, 1954, a total of 520 persons were studied under the terms of the law. Of that number 199 were returned to court with a finding of eligibility for treatment under this special legislation. 303 were recommended for handling under the criminal code and 14 for commitment to the Central State Hospital as insane or feeble-minded. Three cases were otherwise disposed of and one was killed in an automobile accident after our finding of deviation but prior to his return to court.

The majority of those found to be sexually deviated were committed to the treatment facility at the Wisconsin State Prison, where both treatment and custody are available. Subsequently, 86 persons under treatment were released to parole supervision on a trial basis. Eight of the 86 were returned to the institution for further treatment because of parole violations. Of the eight returned, four were returned for new offenses and four committed various violations of the parole agreement which did not involve aberrant sexual behavior.

During this same period 31 individuals were discharged with maximum benefits. Those discharges were granted upon the recommendation of the department psychiatric staff. It is interesting to note that in not a single instance has any person so discharged been convicted of further aberrant sexual behavior. Treatment has not always been effective with this particular group, as may be noted from the fact that 12 men have been returned to court for judicial review of the department's order continuing them under its control beyond the legal limits imposed by the criminal law for their particular offense.

The present law is not the product of hysterical reaction to a series of violent sex crimes. The law is more the result of recognizing the futility of past legislation aimed at this particular group, and the desire of an intelligent, enlightened citizenry to take advantage of recent advances made in the medical field in the treatment of mental disorders. The law has been generally approved by the courts, prosecutors and peace officers, as well as citizen and welfare groups, and its constitutionality has been affirmed. Its administration has been handled kindly by the state press, which has been sympathetic to its purpose.

In our experience, we have been forced to

re-evaluate our earlier thinking in areas above and beyond statistical matters. In the opinion of Russell G. Oswald, Director of the Division of Corrections, and Dr. Peter Bell, Supervisor of Psychiatric Field Services, the number of individuals observed under the law has been sufficient to permit certain deductions concerning the etiological basis of disapproved sexual drives displayed by a certain segment of the general population. With the number of patients available for observation in the three-year period of the law's operation, certain conclusions can, we firmly believe, be deduced.

The origin of development seems to be found in the unhealthy psychological atmosphere to which the individual was exposed in childhood and adolescence. Improper identification with the parent of the same sex as a result of indifference, rejection or ignorance, upon the part of the parent, has in a large segment been demonstrated. The improper handling of childish sex curiosities by parents, the disapproval which they have displayed, either through shocked attitudes or the imposition of punishment, the fears that have been engendered through false sex propaganda, the extreme need of the individual for acceptance by some one and the picturing of sex as sordid and unclean, have added their toll and caused the individual to freeze sexually at an infantile level.

We have found the vast majority of those screened and returned to the institution for treatment extremely cooperative, eager for assistance, and in many instances actually thankful that their emotional battle with themselves has been terminated. Certain of those returned fall in the aging group and, while their behavior pattern, in practically all instances manifested toward the immature juvenile, necessitates their handling under this statutory section, they are in reality actually the result of physical regression rather than true deviates and are, as a consequence, themselves reverting to an infantile sexual level. There is not with this group, as a consequence of the physical factors involved, any real hope for therapeutic benefit and, unless aggressiveness has been displayed, their eventual release to the guardianship of a blood relative or their placement in a nursing home is most feasible.

A limited percentage, extremely small in type, of younger individuals find complete satisfaction and gratification in the particular pattern which they display: They are not desirous of change and are consequently hopeless therapeutically. By the same token, it may be said that intellectual capacity to accept interpretations psychiatrically given, and develop insight sufficient to handle their problems effectively, likewise plays a part in therapy success.

In our anxiety to put our new law into practice, we were not unmindful of the fact that we were not going to be blessed with a new institution for some time to come. We did, however, feel that we had the all-important type and quantity of the personnel required to do the job as we then saw it. While the law puts all state-controlled institutions and agencies at our disposal and permits the utilization of all the resources of institutions, agencies and professional people not under its control, we had little to work with save faith and an ideal to work toward.

We did have one psychiatrist available and the promise of another; we were adequately staffed with psychologists and we did have an adequate field staff of probation and parole agents to make the required social investigations. We also had clinical help on those the court felt did not need to be confined immediately from the Milwaukee Guidance Clinic under the directorship of Dr. Sara Geiger.

Our choice with respect to institutions was limited between that of a mental hospital and our state prison. Because we recognized the

twin responsibilities of public protection and treatment, and since our mental hospitals were not equipped for the security considered necessary at that time, we established our sex deviate facility at our state prison. The results of that decision were both good and bad. On the one hand, it gave us an immediate base of operation. It allowed us to buy time during which we could gain experience and pinpoint our building program toward a psychiatrically-oriented institution for adult males whose needs were primarily psychiatric help rather than maximum security. It allowed us to recruit professional staff, allay public fears and receive increased public acceptance of our program.

On the negative side, we attempted treatment in an institution more dedicated to security needs than personality reconstruction. We had to face up to the reluctance of psychiatrists to enter a prison setting. Because of the general lack of knowledge with respect to treatment for this group, we had to do a great deal of pioneering which effectively delayed research and we had to devise a special training program for institutional and field staffs in the handling of this group.

Our attempt at individual therapy for this group has decreased our ability to provide for the general run of prisoners. Today we have one half-time and two full-time psychiatrists with each having a case load of 40 plus their initial studies of new admissions. 80% of their time is devoted to this group, with the remaining 20% devoted to new admissions, emergencies and requests for help from individual prisoners.

*Lessons Learned*: This is a long-range program which calls for (1) research and specialized training of personnel; (2) a new and expanded facility (institution) devoted exclusively to the psychiatrically-disturbed offender whose difficulties are not necessarily in the sexual area (our original concept that the traditional institution, in this case a prison, no matter how well intentioned its leadership, cannot function with full effectiveness as a treatment center has been confirmed); (3) intake continues to exceed our expectations and shows no sign of diminution; (4) the courts are crying for additional help and want the bars let down to include a greater variety of offenders; (5) in certain instances outpatient care can be a definite asset in this program; (6) general psychiatric aid to other prisoners suffers as a result of overload in this particular area; and (7) we are providing more custody than treatment.

*Conclusions*: (1) One thing is definite—we are providing protection to the community against acts of aggression of this kind. This is one of our objectives; the other is treatment. (2) The law seems to be popular with the courts, but often needs interpretation. (3) Additional professional help and training are required, together with facilities for outpatient treatment of those who are not a menace in the community and for certain of those on parole. (4) These people are treatable more often than not, and our three years of experience with them in this respect amply proves such a contention in that their demonstrated ability to adjust sexually in free society is proof of such.

We believe this represents a tottering step forward in recognition of the part that the medical field may soon play in correction. We believe that in Wisconsin we have the framework of an intelligent, aroused and convinced public opinion which will permit us to move forward. The signs point to a demand for an expansion rather than a withdrawal from the treatment ideal. The returns from such an investment appear very great in the enduring satisfactions that we can, if permitted to do so, bring not only to our communities but also to those who come into our care.

# A Comparative Study of Wife Murderers Admitted to a State Psychiatric Hospital

*by* ALBERT A. KURLAND, M.D.*, JACOB MORGENSTERN, M.D.** AND CAROLYN SHEETS, A.B.***

*Introduction*

As part of a research study designed to investigate the course of all patients admitted to a state psychiatric hospital who had committed an act of homicide, the following statistical information was elicited. In a 25-year period, during which there were approximately 15,000 admissions to the Spring Grove State Hospital, a series of 52 patients was accumulated who had been involved in 54 homicides. This group was classified from the standpoint of the victim's relationship to the murderer. It was found that the largest group of victims (12 out of the 54) in the series were wives and, as a result, this group was studied first. (See Chart No. 1.)

*The Problem*

Since only a very small group of patients ultimately act out of their hostility in this extreme form, it was felt that a comparative study in this area would be of heuristic value in coping with the problems of hostility.

*The Data*

The source of the data involved in this study consisted of physical examination, special diagnostic studies, and mental status evaluation with psychological testing. In addition, social service information was obtained from relatives and friends. Police and court records were examined, and the patient's course in the hospital was studied.

In all cases except one (H.J.), the patients were interviewed and an evaluation made of their present status. As the study progressed, newly admitted patients and their wives were referred for study. These wives had survived an assault by their spouses and, since both were available for study, it provided an opportunity to examine directly the relationship to the husband. This took the form of trying to obtain data concerning what role the wife had played in building up the hostility toward herself and why the relationship had been maintained in spite of the increasing repetitive display of hostility.

*The Investigative Difficulties*

In nine of the twelve cases, there were no particular problems in establishing a diagnosis of psychosis at the time of the crime (Chart No. 2) despite the fact that the average time that the patient was seen for psychiatric evaluation was two months after confinement while awaiting trial. In three cases a diagnosis of the mental state at the time of the crime was made with difficulty. Two of these cases (G.M. and J.W.) were associated with alcoholism. The third (V.R.) was found to be non-psychotic and sentenced to the penitentiary, but developed, after a few weeks' incarceration, a full blown paranoid psychosis.

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This project was aided by a grant from the National Institute of Mental Health, United States Public Health Service. Project Number M-733.
This paper was read at the annual meeting of the A.P.A. in St. Louis, Mo., May, 1954.

The psychological studies consisted of the Wechsler-Bellevue, Rorshach and Thematic Apperception Tests. While helpful in evaluating the intellectual status and giving information as to the psychotic or non-psychotic character of the personality structure, they left much to be desired from the standpoint of indicating the degree of impulsiveness, aggression, hostility, sado-masochistic tendencies and the defenses and degree to which they had been developed. This was indicated by a lack of emphasis on the reporting of color and shading shock in either a positive or a negative manner.

Halpern[1] has pointed out that too often Rorschach records, which contain no explosive responses, are interpreted as showing emotional control or flatness. In conjunction with any evidence of psychic tension, such as intellectual drive (high percentage of whole responses) or emotional instability (many interpretations with no other extratensive type of response), the absence of emotional expression must be considered a danger sign of telling importance. This was vividly illustrated in the case of G.M., who successfully suicided. His Rorschach was interpreted as displaying rigid intellectual control with highly stereotyped thinking and completely repressed affectivity. This complete lack of evidence of affectivity brought about a murder and suicide.

In the attempt to reconstruct the personality structure of the victims' wives from the routine clinical histories, the information available was extremely limited. This data routinely presented the wives as being long-suffering, overburdened by having to do more than their share of looking after the family, and dominated by husbands who were unstable, self-centered, jealous of their wives and offspring, and who were becoming increasingly inadequate socio-economically. How these women handled their anxieties and what they did in an effort to change the course of events is unknown except for the history of an occasional separation which did not persist.

In the attempt to categorize the patients in this study, it was found that they had in their background about the same general socio-economic status, intellectual capacities and sociopathic factors, such as broken homes, familial mental illness, alcoholism, and a high level of tension in the family structure. The conventionalized sexual adjustments they had made during the years of their younger manhood, though united to the frigid women they had murdered, had served to keep them consciously oblivious of their deep sexual fears. These women had succeeded in reawakening an anxiety which their psychoses had so elaborately disguised (i.e., by multiplying and personalizing symbolic utterances, the psychotic insures the non-recognition of his deepest anxieties while still feeling free to express them).

There was no possibility of carrying out intensive studies with this group of patients to determine individual dynamisms. The general impressions of the psychodynamics derived from the routine clinical studies, and from the gradual accumulation of psycho-analytical studies concerned with the murderer and what was going on in the deeper levels of his unconscious, has led to the following hypotheses:

(a) The victim often represents the murderer in the latter's unconscious[3]. This is seen as a proection of castration fears and guilt-directed tendencies on someone in the environment who has come to represent him symbolically.

(b) A study of the psychological attitudes toward death on the part of murderers and among normals[4] demonstrates the ubiquity of the representation of the love-object in unconscious mentation.

(c) In alcoholic individuals, these mechanisms are graphically represented in the symptomatology because alcohol seemingly has a specific effect on the functions of the ego—the super-ego and body-image perception. Bromberg and Schilder[5] have shown that as a consequence of the body-image perceptives being altered by the toxic effects of the alcohol, anxieties have resulted in the form of castration and dismemberment fears, perverse tendencies and homosexual elements, disorders of equilibrium and time sense. When the defenses of the alcoholic's ego fail against these onslaughts, aggressive acts like murder or suicide may occur. This apparently takes place in a fugue state. In all of our cases where alcoholism was a factor, amnesia was always associated. Unconscious forces necessitating the amnesia proved too strong for the repressive activity of the ego. The fugue represented a break-through into reality of annihilation fantasies. Repression failed with the accumulation of anxiety and the individual was forced into a dream-like state. Bromberg[4] gives an excellent clinical demonstration of murder in a severe alcoholic in which the act of assault represented symbolic suicide. The victim of the murder was the offender's wife, who represented the feared female figure with which the offender was unconsciously identified.

While these studies indicate the nuclear mechanisms that bring about the reaction of destruction, the precipitating factors which bring such an event to occur is too often lost in a haze of confusion and conjecture. In our studies, there evolves again the familiar constellation of a pathological suspicion of their wives' fidelity (F.F., J.J., T.C., V.R., W.M., H.B., H.J., A.S.) which they have suspected for a number of years. In the cases of T.C., W.M., A.S., F.F. and H.J. they even denied their own children. In their relationships with their families, they are seen as demanding, antagonistic and quarrelsome. Confronted with all these factors which must stir up anxieties and methods of defense in the wives, we know little of their impact except that ultimately the catastrophe occurred.

When the personality structure finally fractured, each one displayed a strong homosexual conflict suggesting the passive, unconsciously homosexual male who projected this attitude in his wife. When he finally reacted to a wave of overwhelming hostility, he murdered his wife rather than attack the suspeceted lover of his wife. It is also significant that each one felt that he loved his children and treated them as his own, although he believed that they were not his. This is taken as evidence that his attitude is feminine-maternal and his wife is really regarded as a rival.

In the case of W.T., there is a combination of paranoid reaction and a convulsive disorder, with a resulting crime of extreme ferocity. There were no data to indicate previous expressions of hostility toward his wife. What she did to precipitate this outburst of extreme destructiveness is unknown. From the history and subsequent hospital course of the patient, it was felt that he followed the typical pattern of psychomotor epilepsy outlined by Gibbs. Gibbs refers to the psychomotor seizures as the epileptic or ictal component, and to the personality disturbances, paranoid trends, etc., as nonictal psychiatric disorder. These two components are spoken of as being independent aud, to some extent, antithetic. This antithesis is also evident from the effects of some antiepileptic drugs. For example, Phenobarbital, Dilantin and Mesantoin, in certain cases, block the psychomotor seizures and produce an exacerbation of psychiatric symptomatology, even to the point of precipitating a psychosis. The discontinuation of these drugs usually results in the prompt reappearance of seizures and subsidence of psychiatric manifestations. Thus, normalization of the electro-encephalogram and elimination of the purely epileptic com-

ponent by medication can relieve the epileptic symptomatology while greatly intensifying the psychiatric symptomatology. The subsequent course of events in this patient demonstrated this over and over again. When his medication was continued for prolonged intervals, he became more delusional and assaultive, which necessitated its being discontinued from time to time.

H.H., J.W. and G.M. fall outside of the fairly well defined group of paranoid conditions. In each instance, it would appear that an intensive rage reaction was precipated by some quarrel over property or funds.

Immediately after the deed, G.M. claimed that it was an accident. Yet, in the same breath, he told the same individual that he was glad that it had happened, for he had put up with her nagging for 25 years. Yet, once the anaclytic relationship with his wife had been destroyed, his overwhelming hostility was ultimately turned on himself and he committed suicide.

The case of H.B. seems to represent the reverse of the Oedipal complex. The father accuses the son of having incestuous relationships with his mother and destroys his wife. Was this an attempt to remove his own sexual tendencies towards his son, We know that the patient was jealous of the friendship between mother and son. If we attempt to obtain some idea of what events led to the outcropping of such regressive phenomena, a good starting point might be the decompensating effects of increasing anxiety brought about by an individual's struggle to meet his concern resulting from unemployment, financial worries and poor health. When this is compounded by his own inadequacies, an irascable temper and an increasing reliance upon alcohol to maintain himself, the integrative capacities begin to decompensate. A focus becomes increasingly important to deal with his conscious and unconscious emotional conflicts resulting from his own deprivation of unsatisfied needs. His son, by contrast, who the mother turns to for increasing support in her dilemma, intensifies longer tolerate it. And, vnally, it might be of interest that the patient's brother also shot his wife in a quarrel.

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*The Wives Who Survived*

Since the amount of data concerning the victims was so limited, it was felt that wives who had survived a homicidal assault by their spouses might be of value in helping delineate further the sequence of interpersonal relations that had exploded into such an ultimate rage reaction. Over a period of time, we were able to interview a series of such wives whose husbands had been admitted to the Spring Grove State Hospital. As the interviews progressed, the impression was gained that the most common reaction that developed in the wives as they struggled with their marital relationships was to retreat further and further into a masochistic role. As the friction mounted, the limited ability to verbalize feelings and relationships became even more restricted. There was an increasing state of indifference about the sexual relationship. As the husbands became more resentful of this relationship and developed increasing anxiety about their own inadequacy, it appeared that they resorted to more and more use of force to control the

situation by becoming more domineering, accusatory and more involved in the acting out of their hostility in frantic gyrations to deny their own need for dependence.

Their wives, on the other hand, would accept their humiliations again and again in spite of the recommendations of parents, relatives and friends to leave their spouses. In fact, they would sometimes point out with a martyr-like pride, "everybody has told me to leave him," but then they would voice the feeling that they wanted to take another chance on the possibility that things would work out "somehow," in an apparent appeal to chance or magic. This feeling of hope was almost pathological in its intensity. Or finally, when a separation did occur, it was of a very ambivalent nature and she could always be persuaded to return to her husband. This uncertainty concerning the status of the marital relationship was often used as a device to attempt to control the behavior of the spouse.

The findings in our study indicated that the most common method of control the wives attempted to use was the feeling of guilt, in effect saying, "Look what you are doing to me—if this keeps up, you will kill me," This feeling of guilt was probably the greatest controlling defense utilized. As they used it they attempted to make their own behavior more irreproachable. They would have long talks with their husbands, but for some perverse reason, the more they, or other people they called in to speak to him talked, the more inarticulate the husband became in attempting to explain his behavior.

It would appear that one of the most destructive forces in the priming of the ultimate explosion was the use of this guilt mechanism. By giving the husband less and less cause to be realistically critical, the wife was in turn causing him to become tormented by an increasing accumulation of unconscious guilts. With no means of communication to relieve the situation, he finally discharged in an overwhelming outburst of violence.

Another factor which played a role was the strong need of the woman to deny that she had been unsuccessful in the building of her family. Futterman[8], in a thought-provoking study of the wives of alcoholics, pointed out that, while the wife does not feel strong, she utilizes the vehicle of her husband as a concentrated receptacle upon which she can project her own inadequacies and thereby deny their existence in herself. She gains strength by contrast with her husband's weakness. In many cases, the wife constantly points out her husband's inadequacies until, finally, she succeeds in pushing him out of the family picture almost completely.

In our cases, we saw this displayed quite frequently although it was always covered by a screen of rationalizations. The wife could give as her reason for maintaining the relationship a dependency on the husband for funds to support the family, although in most cases she was employed herself. It was rare for her to point out the need of a father in relationship to the children. The father found himself constantly losing face before them, and attempted to deal with it by becoming more and more authoritarian and tyrannical, thus alienating the children from him. The ultimate outcome was their rebellion and rejection of him, encouraged by the mother's silent endorsement.

Again and again one saw in these relationships all the manifestations and degrees of the sado-masochistic interaction, with its growing destructiveness. They were unable to live with each other and unable to live apart. They constantly tormented each other with their uncertainties and ambivalent attitudes. This would be illustrated in some cases by asking for psychiatric help or advice as to whether they should leave their spouse. This seemed always

to be asked by the wife but never by the husband. The advice of the psychiatrist, if he indicated that this might be a wise procedure, was seized upon as something to belabor the husband with, and yet they could never accept it themselves.

*Course in hospital*

When the tragedy has occured, one is confronted with the question of what can be done once the murderer becomes a patient in a psychiatric hospital. In view of the gloomy outlook in the past, due to the fears of society and the lack of sufficiently clear psychiatric criteria for making an accurate clinical prediction as to the future course of the patient from the standpoint of acting out further homicidal behavior, he usually was given only sufficient treatment to deal with the hospital management problems and an attempt was made to maintain a status quo. Cruvant and Waldrop[9] indicated a need to re-examine this problem in view of their studies. They found that, with a change of attitude on the part of the hospital administration a number of patients could be treated to the extent that they improved enough to be returned to court for disposition or to be discharged back into the community.

In our series of cases, of the two patients (J.W., G.M.) who had indicated a response to routine hospital care and who had been returned to court for trial, J.W. made a good prison adjustment and G.M. committed suicide while awaiting trial in custody. Reviewing the last case retrospectively, a combination of factors which could have played an important role in the ultimate acting out of his self-destruction was suggested: (a) failure to bring about an emotional catharsis in the patient, because of rigid adherence to and faulty interpretation of his lawyer's advice not to divulge any critical material; (b) the overt signs of depression that he displayed seemed comparatively mild and an inaccurate interpretation of the psychological testing had indicated a completely repressed affectivity.

Some patients in the older age group (H.B., H.S., A.S., J.J. and F.F.) made a good hospital adjustment over a prolonged period of time. The question of their ultimate return to society poses the need for criteria that will insure the safety of the community and at the same time maintain the patient in a non-threatening environment where his anxieties can be held to a minimum and where he can function most effectively. It was felt that criteria for release might fall into the following categories: (1) a study of the patient's hospital adjustment, in both criminal and civil divisions; (2) a special evaluation from the standpoint of meeting frustrating experiences; (3) an exploration into what the social service studies can offer from the standpoint of an adequate environment and employment which will be satisfying, so that the patient can lead a goal-directed life.

It was of interest to note that those patients (W.M., J.W., H.B., A.S., F.F. and H.J.) who were also alcoholics did much better than those patients (V.R. T.C., H.H. and W.T.) who were non-alcoholic. The latter ran a much more rapid disorganizing and disintegrating course. The explanation for this is only conjecture. It may be that alcoholism offered the patient an aid in helping him to deny his responsibility and thus to lessen his feelings of guilt, with the need for punishment.

A left temporal lobectomy was performed on W.T., since it was felt that the criteria indicated by Percival Bailey[10] were met. This was a clearly defined anterior temporal lobe focus causing such severe sympotoms that medication ineffective and institutional care necessitated. The operation produced no change in the patient's status and was considered unsuccessful.

In a group of cases and in this study there were 10 where the victim had survived the assault of their husbands and interviews were possible with both victim and assailant. A number of observations presented themselves. In every case, the wife wanted her spouse back in spite of the assault, and in 8 of the 10 cases the patient was out of the hospital in less than a year. In the great majority of cases in which the social worker attempted to be of service to the wife, the wife declined this service after an initial interview or two, expressing herself as not having any more anxiety about the relationship with her husband. In the interviews with these wives, the writers were impressed by the fact that the great majority of the women had very little capacity for discussing their problems. They tended to become defensive about the relationship with their spouses, blaming his drinking, lack of work, etc. for the difficulty and never discussing themselves as a factor in precipitating some of the acting out of the patient. The patients, in their interviews, tended to be rather ambivalent as to whom to blame for their difficulties.

*Discussion*

It would appear that certain criteria can be used to make a tenative evaluation of the homicidal potential of a marital setting. These criteria should be used by the psychiatrist to confront both the patient and his wife with the real dangers of the situation. Emphasis should be placed on their own lack of acceptance of reality, and the manifestations of their decompensating sado-masochistic relationship should be outlined. The increasingly destructive aspects of this process should be carefully pointed out, despite the anxiety it might stir up. It would appear from our experience that this anxiety must be maintained, for it seems to be the only effective force against being lulled into a false state of security by pathological hope. Perhaps joint interviews with husband and wife, limited to a specific focus on this point, might be of value in opening channels of communication and bringingabout thorough ventilation of pent-up resentments. Their relationship must be clearly defined from the standpoints of the wife's effort to control by making an increasing use of guilt feelings by denial of the patient's dependent needs and by ambivalence in her own relationship.

*Conclusion*

A group of patients who had murdered their wives were studied in an attempt to correlate the acting out of the homicide with the behavior pattern of their victims. This was compared with a personality survey of a group of wives who had been subjected to a homicidal threat or an attack of sufficient intensity to require the psychiatric institutionalization of their spouses.

A constellation of factors were elicited which would be of value in determining the homicidal potential of the marital setting. Is there a decompensating sado-masochistic relationship, manifested by an increasing degree of the acting out of hostile impulses, such as repeated verbal threats, threatening use of weapons or physicial assults? If alcoholism is present, is it increasing in intensity? Are there more frequent expressions of pathological jealousy, ideas of infidelity and persecution? In her mounting anxiety, is the wife attempting to control her husband through the increased use of guilt feelings, denial of her husband's dependent needs, rejection of his sexual demands and recurring expressions of her own ambivalence about their relationship?

Where these factors are present and a breakdown of communication between husband and wife has occurred, the critical point for catastrophic violence has been reached.

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## A COMPARATIVE STUDY OF WIFE MURDERERS ADMITTED TO A STATE PSYCHIATRIC HOSPITAL

### CHART NO. 1

**Victim's Relationship to Patient (There were 54 victims with 52 murderers)**

1 Husband or Wife — 14 (of these 12 were wives)
2 Close Relatives — 11
3 Distant Relatives — 7
4 Others — 22

### CHART NO. 2

| Patient | Age | Diagnosis | Motive as Given by Patient | Hospital Course |
|---|---|---|---|---|
| TC* | 32 | Schizophrenic Reaction, Paranoid Type | Rejection of a sexual demand | 9 yrs. - progressing disorganization |
| HH | 34 | Schizophrenic Reaction, Paranoid Type | Believed it to be father's wish | 5 yrs. - progressing disorganization |
| VR | 40 | Schizophrenic Reaction, Paranoid Type | Self defense against blackmail | 10 yrs. - progressing disorganization |
| WM* | 40 | Schizophrenic Reaction, Paranoid Type, Chronic Alcoholism | Drunk - can't remember | 4 yrs. - unchanged |
| WT[1] | 42 | Psychosis with Convulsive Disorders - Epilepsy | None - can't remember | 8 yrs. - progressing disorganization |
| JW | 44 | Depressive Reaction with Paranoid Features, Chronic Alcoholism | Drunk - angry - can't remember | Discharged for trial |
| GM | 48 | Paranoid Personality with Chronic Alcoholism | Drunk - accident - can't remember | Discharged for trial - suicided |
| HB* | 49 | Schizophrenic Reaction, Paranoid Type, Chronic Alcoholism | Wife unfaithful | 12 yrs. - good hospital adjustment |

* sexual projections 1 previous hospitalization

## CHART NO. 2

| | | | | |
|---|---|---|---|---|
| AS* 1 | 54 | Paranoid State, Chronic Alcoholism | Drunk - fight - can't remember | 12 yrs. - good hospital adjustment |
| JJ* | 58 | Schizophrenic Reaction, Paranoid Type with Chronic Brain Syndrome Associated with Circulatory Disturbance | Rejection of a sexual demand | 4 mos. - good hospital adjustment |
| FF* | 65 | Paranoid Reaction with Chronic Brain Syndrome, Chronic Alcoholism | Drunk - rejected by wife - can't remember | 4 mos. - good hospital adjustment |
| HJ* | 68 | Paranoid Reaction with Chronic Brain Syndrome, Chronic Alcoholism | Drunk - quarrel with wife - can't remember | 3 yrs. - good hospital adjustment |

* sexual projections 1 previous hospitalization

# The Role of the Psychologist in Prison

*By* ARTHUR MANN

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TRACING the history of the role of the psychologist in prisons, one must tread dank and dirty pathways where one can only read with horror of man's inhumanity to man. As recently as 1924, psychology and treatment in prisons still meant discipline of a type and nature which is hard to fathom in our so-called "enlightened" era. To cite some chilling examples:

ARKANSAS—Whipping; legal limit of ten lashes.
FLORIDA—Double duty strap.
GEORGIA—Shackles and chains; whipping boss may inflict corporal punishment, which in no case shall be unreasonable.
ILLINOIS—Handcuffs and solitary, dark cells in the old prison.
IOWA—Solitary confinement; bread and water.
KANSAS—Restricted diet; solitary; handcuffed to bars.
LOUISIANA—An alloted number of lashes with strap for offense cited.
MASSACHUSETTS—Loss of writing privileges and amusement; solitary confinement, etc.
MARYLAND—Solitary confinement; bread and water; handcuffed to the bars; handcuffed to the cells; handcuffs and legirons at the same time.
MAINE—Solitary confinement.
MINNESOTA—Solitary confinement. Communication between inmates strictly forbidden except by special permission. (No permission to have pencil.)
MISSISSIPPI—Fifteen lashes at a time.
MONTANA—Dungeon two to twelve days; shackles riveted to legs of men while in dungeons; bread and water.
NEBRASKA—Jailed one to thirty days or indefinitely without mattress; cell eight by ten.
NEW JERSEY—Solitary; no privileges; confinement in special cells built for solitary; limited exercise.
NEW MEXICO—Loss of all privileges; restricted diet; solitary confinement; dark cell; whipping.
NEVADA—Solitary confinement; dungeon; loss of good time.
OHIO—No fixed rules, but prison has a folding cage and employs solitary confinement.
OKLAHOMA—Solitary confinement; handcuffed to bars.
OREGON—Solitary privileges only for three months to a year.
EASTERN PENNITARY, PENNSYLVANIA—Three days bread and water; no furniture.
RHODE ISLAND—Loss of privileges; solitary confinement on bread and water; straitjacket.
SOUTH CAROLINA—Bread and water; corporal punishment.
WYOMING—"We make the penalty fit the crime. For insolence we cut off their time or take away their writing privileges. For serious offenses - cold baths. We like bread and water with solitary confinement."

How does this type of quotation apply to the role of the psychologist, the reader asks? What relationship does this have with establishing the proper functioning of those who would help to heal and reorient the distorted and antisocial personality?

Psychology by definition is the study of the mind. The role of the psychologist in a prison setting (as in any other) is still to study, evaluate and heal the mind by whatever means he has at his disposal. In such a study, the environment also becomes of tantamount importance; since, logically enough, our environment certainly is a factor in our development. Certainly a psychologist starting out in a setting such as described above is faced with a whole concept and philosophy alien to the goals of anyone interested in the understanding and healing process.

Here in these desperate prison settings the ancient and elemental codes of man flourished and grew strong. Man ruled by the iron and archaic Code of Hammurabi: "An eye for an eye and a tooth for a tooth." Here hate and despotism held sway and a psychologist was the closest thing to a witch doctor. For a stunning and unbelievable example, here is an actual report of the treatment of a psychotic in a prison setting:

> Thomas Shultz, 21 years of age, 7 months after being sent from the insane asylum, was given 181 lashes, kept in a dungeon during period of the flogging for 9 days, and fed on bread and water. On November 4, he received 40 lashes; November 5, 35 lashes; November 6, 26 lashes; November 9, 40 lashes; November 13, 40 lashes; total 181 lashes. On November 30 he was returned to the insane asylum.[2]

But psychology was not neglected completely. It was used in a devastating and diabolical fashion to hurt, maim and destroy the mind. The following is a report by Ogden Chisholm, who until recently was U. S. member of the International Prison Commission:

> The dark cell and solitary confinement are common. Perhaps the worst punishment is the rule of silence, which prohibits men from conversing with their fellows and gives them more time to brood. In some prisons it is made a special privilege to talk, and a special punishment never to speak a word. Despite laws in many states, occasional flogging continues. I was in a prison not long ago where eight men came to dinner in chains, dragging iron balls behind them. These men had tried to escape and for eight hours each day were compelled to roll wheelbarrows up and down with the balls at the end of their chain lying in the wheelbarrow. It was a senseless punishment and did not in any way change the attitude of the men on whom it was inflicted. I have seen 24 men in one prison hung up by their wrists, with toes just touching the floor. They remained that way for hours at a time, and you can conceive their state of mind when they were let down. Not long ago I saw a prisoner, little more than a boy, strung up in this fashion by one hand, at a place where every prisoner would pass and see his punishment. In another prison dining room, I was present when the guards brought in a man dressed in scarlet suit and stood him in a corner with face to the wall. He too had tried to escape and every time the men in the prison ate a meal, he was paraded before them in this infamous' suit.

In other words, as late as 1913 (even today in some prisons) a system had been maintained which had not changed for a thousand years. Charles Dickens portrayed some of the prevalent abuses. One could continue to quote innumerable reporters, all of whom, shocked and revolted by unmentionable degradations of the human mind and body, wrote documents of protest which cried for reform. And somewhere in various sections of Europe men were quietly seeking and exploring, with daring imagination, the Olympus of the mind. Boca, Vundt, Freud, William James and others had started that arduous climb which would one day lead to the application of psychology in prisons.

Psychologists had begun to be employed in prison in the early Thirties. The number employed and the restrictions surrounding their actual duties were such that it became obvious that they were only the whipped cream on the cake. It was slowly becoming fashionable to indicate that prisons were actually therapeutic centers and the employment of one psychologist and psychiatrist became a political expedient that paid off in many renewed appointments. The first official recognition was published in the Manual of Suggested Standards for a State Correction System prepared by the American Prison Association in October, 1946. "Educational and vocational counseling and guidance, making use of standard psychological and achievement testing, should be utilized to avoid waste of the time and energy of both personnel and prisoners."[4] Even here the work of the psychologist is extremely delimited, but the

[2]Report of the Joint Legislative Committee Investigating Conditions of the State of Pennsylvania, 1923, Columbia, S. C. pp. 48.

[3]Ogden B. Chisholm, "Faults In Our Prison System", N. Y. Times, February 26, 1922.

[4]Manual of Suggested Standards for a State Correction System, American Prison Associations, October, 1946.

first complete gain is actual official recognition and a title establishing this type of service as part of the prison hierarchy.

This same prison association slowly expanded and pushed the recognition of psychological services by publishing the following paragraph the following year:

> The psychologist is concerned with the mental capacities of the men. This is determined through the administration of group tests, individual tests, interviews and clinical observations. Tests are also given to determine mechanical aptitude and manual dexterity, if these are not given by a vocational counselor. It is the function of the psychologist to analyze his findings and interpret them to the rest of the staff in terms that will be undestandable.[8]

During all this period, psychiatry and psychology were under the Department of Correction. The doctrinaire of treatment and therapy became prevalent in both California and New York State. As this philosophy seeped into the prison system, this type of work was placed under the jurisdiction of the Department of Mental Hygiene. This momentous change was accomplished in 1950 and with it was envisioned a whole new era ahead for the psychologist. Until this time (as is still the framework in many other states) the work of the psychologist was placed under the Department of Correction. Therefore, the nominal head of all therapeutic work was the warden, who was responsible for all final decisions. On this score, if the particular prison head happened to be antithetical to psychological precepts, the work was stripped of all meaning and the psychologist became only a shadow and figurehead who floated around the institution mouthing only those sentiments and philosophies nurtured by the particular administration. The psychologist himself was helpless, since he could establish no real empathy with the prison population as they knew it was the Warden's prerogative to read any case history he deemed advisable. Aggravating this situation was the natural hostility of the correctional staff, who were brought up under the belief that "the best prisoner was a dead prisoner" and very often accomplished that purpose. How, then, would an individual who was responsible to this staff be in a position to do a good job? It was a mockery and gross injustice, and the transfer from the Department of Correction therefore gave dignity and substance to the work of this profession. Now at last the psychologists would be responsible in their final decisions directly to the supervising psychiatrist, and thence to the Commissioner of Mental Hygiene.

As an indication of the change in status of psychology, one need only read the latest pamphlet issued in 1953 by the New York State Department of Correction. It lists on the cover, "Custody, Treatment, Training and Rehabilitation." This is a far cry from the misery-drenched atmosphere that poisoned the complete institutional philosophy. But, lest the reader be misled, all is not yet perfect. The states have not adopted uniform methods of treatment and application in full. Now wise politicians pay lip service to the philosophy of treatment and rehabilitation versus punishment and discipline, but this policy is not adhered to. In many of the states (particularly the South), methods and treatment such as those pictured at the beginning of this treatise are still the actual practice. Even in an enlightened state, the psychologist meets with much hidden resistance. The feeling that psychology "coddles" the criminal is still strong and, unfortunately, it is very simple for the maladjusted elements to project their own inadequacies and failings on the prisoner in the guise of correction and safety for the civilian population. Yet, despite tremendous obstacles, psychology has proved its usefulness. The very people who fought and condemned it are now benefiting by the valuable service it renders.

[8]Handbook on Classification, American Prison Assoc. 1947.

When one reads the professional literature, he gets the impression that psychology is an accepted part of institutional routine. Many states indicate, with great zeal, the items for psychologists on their civil service personnel lists, but as has been shown in many cases, this is but a political expedient. To become a qualified psychologist, according to the standards established by the American Psychological Association, one must have achieved a minimum of a master's degree and have had three years of supervised experience under the clinical psychologist or psychiatrist. This presupposes eight years devoted to study and maturation so that the seasoned individual can perform his professional duties with a possible potential for success. In the light of this requirement, the remuneration offered is not only inadequate but in many cases insulting. In some instances, the prison guards receive more actual recognition and salary. At present, the position in itself is a "dead end," though in the foreseeable future this condition also will be remedied. In my opinion, the most effective institutional superintendent would be one who has a practical knowledge of correctional work (gained only by actual experience in the field), good administrative capabilities and psychological techniques (i.e.—a psychologist). To paraphrase Shakespeare, 'tis a consummation to be devoutly wished for.

The ideal prison psychologist should have the pioneering fire of a Daniel Boone; the depth and perception of a Freud; the cunning and diplomacy of a Machiavelli, the wit, charm and literary ability of a Mark Twain, and the mighty strength and endurance of a Paul Bunyan. But this above all—he must never lose sight of the fact that, in all his functions, realism alone should be the springboard. How, one asks, is this possible? Where can one find one of God's creatures with all the endowments necessary for this job? This author can only answer that all good psychologists should have within them the potential to develop and grow with the particular field they select, or, in our humble opinion, they should never have chosen that most most demanding and arduous of professions.

Jerome Pappurt, Ph.D., stated back in 1934:

"For purposes of simplification it may be said that the psychologist has a five-fold function. These duties include: classification, research, remedial work, administrative supervisory work, and inmate advisory.

" . . . Classification too includes other things besides the administration of psychometric tests, even in the limited field of testing. . . . The psychologist can serve as an aid to the various departmental heads, such as the school teacher, the industrial director, or the individual in charge of placement.

" . . . It is the writer's belief that the prime function of the psychologist in the correctional institution is that of advisory to the administration of his institution.

"The inmate may have many problems, both of personality and of circumstance, which can be eliminated by proper and sensible advice'."

Dr. Pappurt, in his article, might have eliminated a great deal of verbiage by stating the following precepts. The prime prerequisites of a good penal psychologist are as follows:—

1. A thorough knowledge of his profession. (This presuposes the knowledge and ability to utilize all the necessary testing equipment. All available therapy such as psychotherapy, group therapy, role playing, etc. should be standard equipment.)

[7]The Psychological Exchange, Vol. 3, 702, June-July 1934. The Work of a Psychologist in a Penal Institution, J. Pappurt, Ph.D.

2. He should have a particular and comprehensive knowledge of the history and current problems in the penological setup.

3. He should be a mature individual, utilizing his knowledge and slanting his reports so that he will become an integral part of the function and decisions of all those in responsible positions within and without the institution. (This last precept is most important and depends, in part, upon the personality of the psychologist himself.)

4. He should be a flexible and imaginative individual, capable of doing research and applying it to the situation in which he is operating.

5. He should be public relations-minded and a community leader, able to be coherent and verbalize his functions, so that his work is not a mysterious quantity, but is understood and accepted.

Raymond Corsini in his article, "Functions of the Prison Psychologist," indicates the type of thinking advanced by this author. The following is quoted directly from Mr. Corsini's article:

"The greater variety of experience the psychologist can accumulate both in and out of psychology, the more valuable he will be. Work in a mental hospital, child guidance clinic, is particularly helpful. Experience in teaching, leading adolescent groups and social welfare is also valuable. Work in factories, farms, menial labor work of all sorts should be considered an essential part of the prison psychologist's background; also close intimate contact with depressed groups, especially in high delinquency areas on an equality basis is imperative.

"The personality of the prison psychologist is valuable. A man may be an excellent psychologist and have a good knowledge of his techniques, but if he cannot enter into good rapport with the widest variety of individuals, in the age group from 16 to 80, Negroes and Whites, mental ages 6 to 20, former annual incomes nothing to a million dollars, his other abilities come to naught. He must be able to repress his own moral standards, and evaluate on the basis of his particular background, never sermonizing or evaluating the crime[8]."

[8]Readings in the Clinical Method in Psychology, 1949. Gardner Murphy; Functions of the Prison Psychologist, Raymond Corsini, pp. 164-165.

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The first prison I ever saw had inscribed on it, "Cease to Do Evil; Learn to Do Well;" but as the inscription was on the outside, the prisoners could not read it. — *George Bernard Shaw.*

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For men, let them say what they will, never approve of any other's sense, but as it squares with their own. — *Pope.*

# A Follow-up Study of Patients Discharged From a Hospital for the Criminally Insane

*By* J. C. ZEIDLER, M.S.W.,[1]; W. H. HAINES, M.D.,[2] V. TIKUISIS, M.A.,[3] *and* E. J. UFFELMAN[4]

FOR SOME YEARS we have attempted to estimate the success in adjustment of patients who have left the Illinois Security Hospital, but these estimates were a matter of conjecture and unsubstantiated. This study represents an attempt to measure statistically the later careers of discharged patients.

The purpose of this institution is the care and treatment of male persons indicted for criminal acts but not sentenced because of insanity or mental deficiency. Also received are mentally ill or mentally deficient persons on transfer from other state hospitals and institutions. These patients have demonstrated an inability to adjust at the other hospitals. They are usually persons of a violent, aggressive nature who need maximum security.

This hospital also receives patients who are neither feeble minded, nor insane. According to the statutes, they are suffering from a mental disorder which is called criminal sexual psychopathy. This must be evidenced by the commission of sexual offenses and must have been in existence for at least a year prior to commitment. They may be admitted after having completed their sentences within the penitentiary system, or prior to sentencing.

The number of patients receiving service here during a fiscal year approximates 370. This institution has most of the facilities of the usual mental hospital, plus maximum security. The institution is surrounded by masonry walls and chain-link fencing. The attendants are called guards and the physical plant is distinctly of a penal atmosphere. The staff and the guard attendants are made security-conscious, for an escape has the same results for all concerned as would an escape from a penitentiary. There has not been a successful escape during the past seven years.

For the purposes of our study we have selected the five-year period from 1948 through 1952. During this time 363 patients were discharged. These patients were studied in two groups: the first consisting of patients involved in crime; the second involving patients transferred from other state hospitals.

Group One, the criminally insane patients, consisted of 180 men. This included 111 mittimus cases, in which the patients were committed because insanity or mental disorder prevented their being tried for felonies. It also included 11 criminal sexual psychopaths, 3 of whom were committed prior to sentencing and subject to further prosecution on pending indictments; and 8 admitted following completion of penitentiary sentences. Sixty-one were patients who had committed crimes while on escape from other hospitals, or were committed to the institution directly following the commission of crimes. All of the foregoing group were studied as a unit, as a common factor was involved: the prior commission of a felony. The remaining group of 183 patients transferred from other hospitals were considered separately.

In gathering information on the later adjustment of the patients in Group One, we sent

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questionnaires and letters to the patients, their relatives, social agencies, penitentiaries, houses of correction, state hospitals etc. Whenever possible, personal interviews were employed. We made positive contact with 78 per cent of all subjects. Of the remaining 22 per cent, the questionnaires were either returned or unanswered.

Gathering information on the 183 patients transferred to other state hospitals was much easier. Questionnaires were completed and returned by the state hospitals. In 69 cases we surveyed the records and in some instances interviewed the patients. We were able to follow the after-careers of all of the patients in the latter group.

Patients in the first group had been guilty primarily of crimes against persons. Only 43 of the 180 had committed crimes against property. Thirty-two had been arrested and indicted for sex offenses. More than 50 per cent of the sex offenders were charged with crimes against nature or crimes against children. Twenty-nine had committed murder and 6 had attempted murder. Twenty-seven had been arrested for burglary, robbery or larceny; the rest were charged with miscellaneous crimes such as arson, incest etc.

The usual form of commitment for a mittimus case in Illinois reads something like this: "John Jones has been found to be insane at the time of impaneling of the jury; and he is therefore, committed to the Illinois Security Hospital until such time as he shall have fully and permanently recovered from his insanity or shall be discharged by due process of law. In the event of his recovery, he is to be placed in the custody of the Sheriff of the committing county and returned to court for trial on the pending indictment." We shall indicate what happened to these individuals after they left the hospital as having recovered their sanity.

Of the 29 murderers, 6 received penitentiary sentences, 1 was sentenced to death (the case has been appealed and is still pending), 11 were discharged by the court or placed on probation, and 11 were recommitted to other state hospitals. Of the 11 discharged without sentencing, 9 are making a good adjustment, I was arrested for a felony, 1 attempted suicide and had to be committed to a state hospital. Of the 11 recommitted to other hospitals, a good adjustment was made in every case.

Of 43 sex offenders discharged, 11 were committed as criminal sexual psychopaths; 9 of these have made successful adjustments, 1 was arrested for another sex offense, and the other was arrested for a felony not of a sexual nature.

Of the 32 other sex offenders committed as insane or mentally ill, 10 made successful adjustments after leaving the hospital, 3 were arrested for other sex offenses, 3 were arrested for felony, 2 were transferred to other hospitals and died, 4 are serving long prison sentences, and there was a group of ten with whom no positive contact was made. We only know that they were not committed to other state hospitals and that their fingerprints were not cleared through the Federal Bureau of Investigation for other felonies.

Of the patients charged with attempted murder, 2 received penitentiary sentences, 3 were recommitted to other hospitals, and only 1 received a discharge from a court.

The patients whose offenses were crimes against property made the poorest adjustment. Of the 43, thirteen received penitentiary sentences, 1 was recommitted to another state hospital, and 29 were discharged by court. Of the 29 discharged, 12 made successful adjustments, 10 were arrested for other crimes, 2 became mentally ill, and no information was obtainable concerning five.

In attempting to evaluate the after-careers of our patients in the light of their diagnostic classification, we found that, of the patients who made good adjustments, 33 per cent had pre-

viously been classified as psychotic. Thirty-one per cent had been classified as mentally defective, and 22 per cent as psychopaths. We were able to have the charges dismissed and recommitment proceedings take place for 30 per cent of the psychotics and 3 per cent of the mental defectives; and, as one might expect no psychopaths were involved.

Upon return to court, 19 per cent of the psychotics received penitentiary sentences, whereas only 1 per cent of the mental defectives entered the penitentiary. Twenty-nine per cent of the psychopaths were given sentences.

Of the patients who failed in their later adjustment, 31 per cent were psychopaths, 24 per cent were mental defectives, and 8 per cent were psychotics. Of the 22 percent of our patients who failed to reply to questionnaires or dropped out of sight, mental defectives constituted 40 per cent, psychotics 8 per cent and psychopaths 16 per cent.

In recapitulation of the total group of 180, we feel that 30 per cent made a good adjustment in society; 11 per cent were transferred to other hospitals, where all are making a good institutional adjustment; 22 per cent were not reached; 15 per cent have been sentenced to prison and are serving sentences for crimes that led to their admission to this hospital, and 20 per cent failed to adjust in society after their release.

It would seem that a 30 per cent good adjustment represents an unfavorable result. However, we must take into consideration that 15 per cent are paying their debt to society and have not had an opportunity to demonstrate their ability to live again in the community. Of the 22 per cent that dropped from sight, it seems a safe presumption that at least some are making a good adjustment, since we have received no inquiries that would indicate that they are in difficulty again. There is no way to estimate how greatly the 30 per cent would be incremented by patients from this group; but it would not be surprising if these figures could be revised upward considerably if all information could be obtained.

Our data indicate that the length of time spent in the institution does not have much effect upon the ultimate success of the patient in adjusting to the community. The group making a successful adjustment consisted of patients whose average length of stay was 40 months. Those who failed in adjustment averaged a residence of 35 months. However, such averages do not always reveal the true state of of affairs. Our data show a length of residence ranging from two months to 39 years. More than 50 per cent of those who succeeded more than 50 per cent of those who failed in adjustment stayed in the hospital less than 18 months. More than half of those who succeeded in adustment stayed 11½ months more than half of those who failed stayed 13 months. Hence, the length of hospitalization appears to have little effect upon the success or failure in adjustment to society once the patient leaves the hospital.

An interesting development occurred during these five years. A survey of our population revealed a group of aged or otherwise infirm patients who had been committed to the hospital after indictment and for whom the possibilities of recovery were poor. Most of these patients were in residence here many years, some for as long as 30. The complaining witnesses were scattered or deceased, the original participants had vanished and the committing court had no wish to prosecute these individuals, and also had no objection to a transfer to another state hospital. After correspondence with the responsible county officials, the charges were dropped, the patients discharged from our custody and taken into court and recommitted to other institutions. Eleven of these had committed murder. Despite the nature of their crimes and their length of stay here, all made a good adjustment at the other institutions.

None of them has caused further difficulty in the community and several were discharged on family care.

In a hospital of this type, there are always malingerers who are committed as a result of false information and impressions that they have been successful in persuading the court to accept their offenses as symptomatic of mental illness or insanity. They enter the institution under the false impression that this tactic will enable them to avoid punishment. Beyond the first few days, they usually make no effort to carry out this ruse which led to their commitment. After learning of his true situation and conversing with other patients, the malingerer usually realizes that he has gained little by having himself committed to a mental hospital in lieu of standing trial. The length of stay for this type of patient is from two to 44 months. Most such patients leave before the end of the first year.

In Cook County almost every malingerer receives a sentence and the state's attorney and the judge tend to regard with severity anyone who has tried to circumvent normal court proceedings in this manner.

Twenty-six of the patients who were classified as recidivists obtained release by means of a court sanity hearing, and in 6 of these cases the psychiatrist who testified was not in favor of the release, but the court decided to take full responsiblity. Only 10 of these patients, who later found themselves in further difficulty, were released by departmental order.

One hundred and fifteen patients, considered to be psychotic or mentally ill, were transferred to other state hospitals designed for the care of this type of patient. Within this group we find a less fluid population, as 63 such patients were still in residence at the time of the study, 4 had died, 8 had escaped, 26 were discharged, 10 were making poor adjustments and would probably have to be returned to this institution; but almost half, although not able to return to the community, were making what was considered a good institutional adjustment. Only one patient in this group was responsible for the commission of a further crime.

## CONCLUSIONS

1. Patients in a hospital for the criminally insane do not differ appreciably from patients of ordinary state mental hospitals, in so far as ability to adjust in society is concerned. Comparison with Table 15 of the State of New York, Department of Mental Hygiene, Annual Report for the year, 1947; and comparison with five-year follow-up study, completed by Bond and Braceland in 1937, indicates that a 30 to 40 per cent recovery or successful community adjustment is customary. This conclusion is drawn with full realization of the inadequacies and defects in the data of all the studies so far made. A great obstacle to a study of adjustment has been the lack of a universally agreed upon definition of success. Until some standard is adopted, it is impossible to compare results of individual studies.

2. Those classified as psychopathic personalities seem to have the most difficulty in making satisfactory adjustments. Our findings are in agreement with the prevailing opinion concerning psychopaths.

3. The mental defective in our group also seems to have a high degree of failure in adjustment. It is the borderline and the dull normal who have the greatest difficulty.

4. Our findings with regard to classifications according to crime support the prevalent opinion that murderers make an excellent adjustment; as one psychiatrist has said, "A murderer, in many instances, has usually committed the only crime he will commit in his lifetime." Our sex offenders seem to have a small percentage of recidivism. Those offenders whose crimes are against property tend to repeat.

# A STUDY OF CLINICAL FACILITIES IN PUBLIC TRAINING SCHOOLS

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RECENTLY the problem of juvenile delinquency has been receiving more and more nation-wide attention. Recently, in New York City, four young "thrill-killers" admitted a series of beatings, torturings and deaths for "no reasonable reason." Various newspapers have published series of articles about the increase of delinquency and lack of real facilities to cope with this rise. Many have agreed on one point: more clinical facilities (psychiatric, psychological, case work) are needed, within institutions, public and private, dealing with deliquent, disturbed adolescent children.

This concern about our youth in rebellion is not one that is endemic to New York alone, nor is it even confined to the United States. The International Congress of Child Psychiatry and other international mental health organiztions meeting in Toronto in August, 1954, devoted much discussion time to adolescent disturbances. There was common concern and agreement that we need to re-examine our total approach to treatment and aid to the delinquent, the emotionally disturbed child.

Since clinical facilities both in and out of children's institutions are of recognized importance to us, the authors attempted to study the kinds and types of these facilities now available to adolescents in the public training schools in the United States.

A review of available literature since 1943, including the American Journal of Orthopsychiatry, The American Psychologist, Journal of Consulting Psychology, Focus, Federal Probation, Proceedings of the National Association of Training Schools and Juvenile Agencies, and other publications dealing with these areas showed that little had been done with this type of study, at least within approximately the past 11 years.

In a study by Habbe[1] of 180 institutions receiving questionnaires, only 70 (39%) replied. Among other data, it was found that 60 of these 70 institutions had a combined total of 160 full-time and 31 part-time psychiatrists, psychologists, social workers, sociologists and vocational counselors. In addition, ten schools received, gratis, some psychiatric and/or psychological services from near-by public schools. About 100 workers carried on "individual treatment," so called, one boy scout master being included in this group. "Group Treatment" included discussions with children on "manners," "jobs," "laws," etc. In general, it was found that "training the delinquent" was the predominant philosophy most emphasized administratively and clinically by these institutions, while "custody of the deliquent" was second in importance.

Shelley* surveyed psychological facilities in 68 state training schools for delinquent boys and noted that one-fifth of the 54 institutions responding to a questionnaire had no psychological staff whatsoever. He concluded that, in the area of clinical psychology, services for institutionalized adolescents were far from minimal, almost non-existent.

Other studies (see bibliography) concluded that adequate clinical facilities for work with the delinquent and emotionally disturbed adolescent were vital to the total environment of institutions if adequate help was to be given to children under care.

We used the questionnaire-type method because it was felt that it was a practical means of surveying the problem as to what clinical facilities were actually available.

The first questionnaire, three pages in length, was distributed at a meeting of the National Training School Superintendents, New York City, February, 1954. The response was 21 superintendents (about 50% of those present). These results of the first questionnaire served a dual purpose: it presented us with some tentative data concerning clinical facilities in these few children's institutions responding; and it brought to light needed changes in the questionnaire.

After making revisions of the questionnaire, it was sent to 150 institutions, addressed to either the administrative head or the director of clinical services. The directory used was the Children's Bureau publication, Directory of Public Training Schools for Delinquent Children. Included in this list were both state and local public institutions of the 48 states, the District of Columbia and two institutions in Puerto Rico.

The items covered included: number of psychiatrists, clinical psychologists and social workers or case workers in the institution, average numbers of hours worked per week and their minimum academic training and experience. Questions were also asked regarding types of professional duties performed, group therapy, intensive case work, testing, diagnostic evaluation, planning of therapeutic program for non-professional staff, research, jurisdiction over "closed unit," if any, and other duties these clinical persons performed within the institution. Finally, if clinical facilities were not available, in part or whole, what were the reasons for this.

Sixty-seven of the 150 institutions replied, including six with no facilities and one that had recently closed. All but one of those replying indiciated the name of the institution. Many indicated that there was greater need for more "clinical aid" within their institutions' programs. Overwhelmingly, the difficulty lay in budgetary problems within the framework of the governing authority of the institution.

Of those institutions not answering, those in the Northwest, and in the Southeast responded in smallest numbers (22% and 29% respectively). We cannot speculate at this time whether the responses from these areas were small because they had no clinical facilities and were therefore reluctant to respond.

The results of this study are being further analyzed as to the major patterns in the data collected, i.e. size of institution, geographical location, function and role of clinical personnel, kind of "team" available (psychiatrist, clinical psychologist, case worker).

The premise that more and better defined clinical facilities are needed in all public insitutions for children and adolescents was assumed. The data from this preliminary report would indicate that there are numerous reasons for this paucity of clinical services. With the increased interest in smaller residential treatment institutions for emotionally disturbed children, the need to evaluate our existing clinical facilities seems worth while and timely.

# Point of View

## THE CHEAPENING OF LIFE

IF PATTERNS of crime reflect the social conditions of their time, what is the meaning of the growing frequency of murders and other sadistic assaults committed by children and adolescents?

Two Brooklyn youths have just gone to prison for life for the torture-murder of a vagabond, seemingly motivated only by their impulsive distaste for "bums."

Another group of boys in the same community kicked a man to death because they objected to his singing in the street.

A boy of 10 shot and killed a girl of 9 because she had teased him.

A 13-year-old girl sprang at her mother with a knife when the parent insisted on turning off the television.

In each of these samples of the violent explosion of aggression, the young people involved were not victims of want or neglect, but privileged members of comfortably situated, intelligent families. The emotional complexities that made them killers were products, not of deprivation or ignorance, but of defects or shortcomings in the maturing process. What impresses one chiefly about their common factors is the implied cheapness with which these youngsters regarded life, the ease with which their destructive tendencies were triggered.

To look at the advantages with which children grow up nowadays, you might think that a superior race of healthy, knowledgeable, well oriented and well adjusted beings was just around the corner. Poverty has never been so rare. Plenty and the popularization of nutritional science are making children bigger and stronger. Illness and disease are being increasingly controlled. Education to college or high school level is available for nearly everyone. Books and periodicals flood a popular-priced market. There is a movie in every community, television in nearly every home. Concerts, lectures, training courses are abundant.

Yet the fact is that this largess of advantages and facilities is accompanied, in large measure, by an appalling poverty of real emotiona lsatisfaction. It is not jeremiac to say that today's children get a smaller basic return from their wonderland than most of their parents eked out of their own much slender means. In broadening the base of education, culture and entertainment, we appear to have scanted their depth. In our concern to spread benefits to the masses, we have neglected the individual. The touchstone is culture a la mode. Public taste is channeled into stereotype forms, emotional enrichment reduced to a common norm. Life has been made cheaper in more ways than one.

What is wrong? One obvious fault is the decline of example, inspiration and disinterested leadership. Most of us live in gigantic conurbations where school-building is outpaced by population growth. Schools costing millions are sparsely staffed with

teachers paid only a pittance. Instead of dedicated teachers, we too often make do with those who are perfunctory, disgruntled and frustrated. In expensive, mechanically-operated homes, parents are too busy pursuing money, pleasure and social distinction to give ample attention to their children's need for sympathetic counsel. Thus the example and guidance given to the youngsters by parents and teachers are the unwitting ones of materialistic striving for evanescent preferment.

Life has become mechanized and encapsulated. Television, radio, movies and phonograph records are robot substitutes for familial sociability and interchange. The traditional flavor of togetherness at the hearth is being diluted or eclipsed. The parents' withdrawal is complemented by addiction to the synthetic substitutes, with the result that the dominating influence comes from outside the home. Geared to the exigencies of advertising, piped-in entertainment is pitched at a commanding level. It is spectacular, syrupy and superficial, designed to persuade. Few parents, even if they try, are able to rival its influence. It is also uniform and universal, tending to mold children's tastes and inclinations in more or less the same matrix. And the prevailing themes are excitement, danger, violence and sex. The perennial archetypes are the dynamic, all-vanquishing man with a gun and the Lilith-like woman whose physical magnetism is her one resource. Alternative contenders are the spaceship superman who abolishes reality and the clown who glorifies the wisecrack.

This congeries of conflicting influences, negative and positive, must be considered in any attempt to answer questions as to what is making more and more children destructive to the point of criminality and murder. A crime is nearly always a symptom, and especially so in the case of a child or adolescent. It would be fatuous to forget that, for every child who goes wrong, thousands develop into effective and achieving men and women. Yet it would be equally foolhardy to ignore the apparent rise in violent crime among children, which must imply that there are many others who have similar tendencies but do not carry them to the point of performance.

Murder committed by a child would seem to indicate that the process by which the aggressive impulses of childhood are brought under control through social training and guidance has somehow lacked effect, so that the young person is prey to compulsions beyond his command. The reason for this form of arrested development may well lie in the home, however extravagantly accoutred, but also in the social influences to which the home is subject.

## WHAT GOES ON IN PRISONS

PRISONS ARE not designed to attract the public eye, nor to gratify it. Usually hidden away in suburban or rural wastelands, they suggest in their isolation that the taxpayers who support them would perfer not to be reminded too pointedly of their scowling ugliness. This semi-concealment, of course, is a by-product of practical considerations: inferior sites are put to use and the prisoners' prospect remains in keeping with the dour climate of retribution. Yet there is another incidental and questionable result of this purposeful shutting out of the stigmata of punishment—prison life and its accompaniments are effectively removed from public purview. Only when rioting flares up or serious crimes occur within the walls do the particulars of penology come to the attention of the people who pay the bills.

The murder in Lewisburg Prison of William W. Remington, a former Government economist sentenced for perjury, serves as one more illustration of the evils that beset even the least noisome prisons. That such crimes can and do occur in prisons is —like the recurrence of rioting—a symptom of the inherent malaise of penology. Neither a deterrent nor a cure, imprisonment simply begets more prisoners; repeaters pass in and out of durance all their lives and the contagion of crime committed despite the threat of punishment recruits more and more inmates for these expensive but futile limbos. Like a microcosm of a world with more mouths than it can feed, the prison bulges with emasculated manpower that it is unable to house decently. One of the frustrating results is an ever-growing drain on public budgets, with an endless demand for more prisons; another is the infectious, demoralizing climate created by this jumbling of heterogeneous humanity in a morass of footless sterility.

The Remington case spotlights one of the innumerable quandaries of prison administration. Not so long ago, when crime was vaguely looked upon as a by-product of slum conditions, inmates were lumped together as more or less of one type and little attention was given to classification or segregation. If an occasional educated or well-bred inmate came along, he could be shunted to the library or hospital and in some degree set apart. Today, in the train of universal education, improved social conditions and the multiplication of indictable offenses, prison populations are becoming more and more heterogeneous. They include considerable numbers of persons of high intelligence and attainments, and many who are serving time for offenses of a less parasitic sort. At the same time, prison life remains largely under the control of the old-time criminal element. Gang conditions flourish and aggressive, cunning leaders of the hard-shelled nucleus scheme constantly to exert their power to their own advantage. Rivalries develop and cliquism generates friction between contending groups. For young or new inmates this gangland atmosphere imposes an insidious form of corruption; the susceptible or weak-willed ones are dragooned and schooled for new and bigger crimes when they get out. For inmates with stronger wills and more integrity, other perils are presented; they risk ostracism and reprisals if they resist this group pressure, and their assertion of independence or aloofness, interpreted and resented as a claim to superiority, puts them under a harassment and even a physical danger that exceed the terms of their commitment.

Prison officials admit their relative helplessness to deal adequately with this delemma. When inmates must be crowded in two or more to a cell, when the stream of arrivals continues to outpace already overcrowded facilities, when legislators treat prisons as an easy item for budget cuts, then jailers cannot be very scrupulous about how they classify or accommodate their charges. As one commissioner of correction said, "Our job is just to keep these people in." Moreover, if it is difficult or impossible even to give certain inmates the consideration and protection they deserve, what is to be said for the pious hope that some day adequate attention may be given to the possiblity of salvaging and reclaiming redeemable prisoners, not to mention the objective of systematic therapeutic measures?

Society may as well accustom itself to the prospect that, so long as there are prisons, they will continue to fester and erupt with interial decay, intramural violence, destructive riots and the propagation of crime.

It is neither desirable nor salutary to hide these conditions from the public eye. The curtain of silence that ranges even higher than prison walls may spare the taxpayer pain, it may cushion the complacency of some officials and it may preserve the freedom from outside inquiry that some administrators find expedient. But it is an expensive and damaging form of reticence, flouting public interest and mocking any pretensions toward the ideal of a progressive society.

It might be good medicine for all of us if each prison had walls of glass instead of stone and if it were placed in the most public of situations, so that the taxpayer—a label that fits everyone—could see and appraise the disastrous mischief wrought there.

## The Journal's Reception

THE RECEPTION accorded to the first issue of The Journal of Social Therapy was so cordial and enthusiastic that it must be considered a mandate to develop this publication as the effective, characteristic voice of the interests it represents.

Appreciation, commendation and constructive criticism have flowed in from members of the Medical Correctional Association and associates in kindred fields. Subscriptions, inquiries and suggestions have come from libraries, universities, other institutions and distinguished individuals in all parts of the country. The Journal has been read, reviewed and commented upon by an impressive diversity of officials, publicists and other qualified judges. The opinions of this audience may be summed up in this conclusion: Our objective is worthy, timely and pertinent to a wide range of social problems that plague a troubled and increasingly complicated world, and our endeavor to serve it with all possible cogency and enlightenment deserves a maximum of the support and conduct of social therapy.

For the benefit of new readers, and to give emphasis to prior pronouncements, let us repeat that The Journal was conceived as a broad-gauge, flexible implementation of the Association's basic aim: "to band together all those especially concerned with or interested in the scientific treatment of crime." It is dedicated primarily to these purposes :

To provide a forum for the dissemination of ideas, suggestions and the fruits of experience in our own and related fields;

To guide and clarify the variety of effort involved in the long-range purposes of social therapy;

To correlate current events and social trends in the zones of criminology, forensic medicine and therapies with our specific interests and objectives;

To review with informed objectivity the cumulative literature bearing or impinging upon our professional responsibilities; and

To chronicle the activities of the Association and its members.

The widespread spontaneous response to the first issue has justified the intention that The Journal shall be a wide-ranging forum for the entire field of social therapy. This publication is addressed not only to professional and technically trained men and women in the zone of correctional therapy, but also to the growing audience of laymen who are conscious of their responsibility for social order and are eager to keep abreast of community problems and the potentialities for meeting them. To that end The Journal aims to avoid the obscurities and abstractions of recondite jargon and cliche and to clarify the challenging issues of our time and field in terms of every-day effort.

# New York Exposes Its Prison Problem

IN a series of three comprehensive, illustrated articles, The New York Times has called attention to the "dangerous and worsening problem" of overcrowded prisons. "City Jails Found Schools in Crime by Overcrowding"; "A Cure Is Sought for a 'Chronic' Disease: Overcrowding in the City's Prisons"; "City Prison Head Fights Crowding"; "City Forced to Use Stop-Gap Measures to Prevent Further Crowding as It Seeks More Buildings"; "Mrs. Kross Offers a Prison Program"; " 'Our Goal Must Be Rehabilitation', Says Commissioner of Correction"—these were the headlines that conveyed to New Yorkers and the nation the most tangible and provocative aspect of the challenge of crime.

The series gave expression to the campaign of Mrs. Anna M. Kross, the city's Commissioner of Correction, to do something about reducing the public burden of an ever-growing prison population, and about the other evils connoted in that situation. Mrs. Kross recognizes that the only feasible solution lies, not in expanding, cleaning up or adding to the facilities of the prisons themselves, but in reducing the flood of prisoners by trying to redeem them while they are in custody and by attacking the causes of crime at their sources.

Mrs. Kross, a former magistrate and long a conspicuous advocate of preventing crime and juvenile delinquency by a sociological approach, has been in office only a year. Recognizing the appalling size of the task of trying to cleanse the Augean stables of penology, she hopes to awaken the community to a sense of responsibility for promulgating a long-term remedial program.

"This overcrowding is a chronic disease," she said, "not merely an acute attack that will subside. In every likelihood it will continue, if not worsen. Our estimates, based on crime-rate indices, forecast an increase of 17 to 22 per cent in the next five years. We will continue to have overcrowding until we build prisons to take care of the predictable peak load, like powerhouses, and adopt a modern inmate rehabilitation program to reduce recidivism."

Mrs. Kross described the penal system she took over as in the horse-and-buggy era, with a "lock-'em-up-and-forget-about-them policy" cramming the custodial institutions beyond the point of decency and security.

"Tens of thousands of people were being exposed to all the destructive forces of a nineteenth-century jail system," she said. "We found a department practically without a rehabilitation and treatment staff, with only $50,000 out of an annual budget of nearly $8,500,000 assigned to psychiatric, psychological and social welfare services.

"If we are to meet the growing challenge of increaesd crime and juvenile delinquency and ultimately release these inmates to the community with the real expectation that they will not return to our prisons again and again, we must abandon the notion that we are merely jailers or keepers.

"Incarceration based solely on punishment and temporary removal from the community neither protects the community nor rehabilitates the inmate. It is a futile waste of the taxpayers' money.

"The function of any penal system is the protection of society. As to how prisons may best contribute to that function there seems

to me to be only one answer. Our goal must be rehabilitation of the offender."

The jails and prisons in Mrs. Kross' jurisdiction were built with cells for 4,200 inmates. Now it is commonplace for them to be jammed with close to 8,000 men and women. The average daily number of inmates in 1954 was 6,685. In 1953 it had been 5,704, in 1945 only 3,537. New admissions have increased from 48,243 in 1945 to well over 100,000 in 1954.

Commending Mrs. Kross' program editorially, The New York Times notes that, on a gradually expanding basis, it will consist of careful examination and classification, followed by diversified types of medical and physical treatment, occupational activities and education, all fitted to the potentialities of the individual. In short, the task is envisaged as one of genuine correction and not of mere custody.

"While her program calls for increased initial expenditures for professional and supporting staff," The Times observes, "a drastic reduction of recidivism by such methods may well mean economy in the end —not to mention a humane service to all those individuals who will thus be helped to lead a normal life and who, consequently, won't return to jail."

## International Congress on Criminology Invites American Participants

THE Third International Congress on Criminology will be held in London next Sept. 11 to 18 under the auspices of a British committee. A large delegation of American members and guests is expected to attend. The main theme of the congress will be recidivism.

Discussions led by a distinguished group of authorities will be conducted under five headings: (1) Definition and Statistics; (2) Forms of Recidivism; (3) Causes; (4) Prognosis; (5) Treatment. It is expected that one day will be devoted to each of the headings.

Beginning Sept. 12 there will be plenary sessions in the mornings and sectional meetings in the afternoons. The sectional meetings are for the purpose of more intimate discussion than is possible in a plenary session and may be either multidisciplinary in membership or wholly representative of one group of sciences.

Reports and papers under each of the five headings are invited. In addition national reports descriptive of recent progress and the present state of affairs in each country are being requested through the society's national representatives. It is planned that, on the basis of these national reports and any other papers received in time, general rapporteurs selected for each heading will compile brief general reports that will serve as the main basis of discussion.

Apart from these national and general reports, it is expected that there will be one plenary session and several sectional meetings at which brief papers will be read from individual members on any appropriate topic in criminology. To avoid inconvenience, it is suggested that those intending to prepare such papers should send to the Organizing Secretary as soon as possible a brief outline of the paper to enable the Organizing Committee to select those most suitable for presentation should there be insufficient time for all.

The last day of the Congress will be taken up with the general meeting of the International Society for Criminology and will be open only to members of that society.

During the evenings of the week and throughout the succeeding few days, visits to places of both general and criminological interest will be arranged, together with social events to which the ladies will be welcomed.

The official languages of the Congress will be English, French and Spanish.

Membership is open to all scientists, medical men, judges, magistrates, lawyers, officials dealing with crime and criminals, penal administrators and officers, police and police scientists; probation officers, social workers and others seriously interested in or concerned with criminology in general or recidivism in particular. An invitation is extended to government departments, universities, faculties, societies and other institutions to send representatives.

Arrangements are under the direction of Dr. Denis Carroll, president of the International Society for Criminology and psychiatric consultant of the Portman Clinic, London. Further information may be obtained from the office of The Journal of Social Therapy.

## Police Education

It is gratifying to observe that the Southern Police Institute, at the University of Louisville, Ky., is conducting a series of seminars designed to broaden the knowledge and comprehension of law-enforcement officers in the numerous fields impinging on their work. A course on police administration and another entitled "The Policeman and the Law" were given in January. Studies of human relations and human behavior are scheduled for Feb. 7 to 18. A survey and analysis of scientific crime investigation will be offered from Feb. 28 to March 11. The visiting lecturers include an impressive array of police, professional and academic authorities. The institute is financed by grants from the Carnegie Corporation, the General Education Board, the Doris Duke Foundation and the City and University of Louisville.

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When I have heard judges on the bench moralizing with unction I have asked myself whether it was possible for them to have forgotten their humanity so completely as their words suggested. I have wished that beside his bunch of flowers at the Old Bailey, his lordship had a packet of toilet paper. It would remind him that he was a man like any other. — *Somerset Maugham.*

# First United Nations Congress on the Prevention of Crime and the Treatment of Offenders

*Background*

THE General Assembly of the United Nations provided, in Resolution 415 (V) of 1 December 1950, for the convening every five years by the United Nations of a World Congress on the prevention of crime and the treatment of offenders. The Congress is part of a broader structure, calling in addition for the appointment by governments of individual correspondents with the United Nations Secretariat and for the organization of regional conferences, set up by the plan relating to the transfer to the United Nations of the functions of the International Penal and Penitentiary Commission. Thus, the Congress will be, from an historical point of view, the continuation of the Congresses previously organized by that Commission, the last of which was held at the Hague in August 1950.

*Date and Place*

It is expected that the Congress will be held at the Palais des Nations, Geneva, Switzerland, from 22 August to 3 September 1955.

*Membership*

The Congress will group three categories of participants, namely:

1. Members officially appointed by their governments, who will be experts in the field of the prevention of crime and the treatment of offenders possessing a special knowledge of, or experience in, the questions of the agenda;
2. Observers of specialized agencies and of non-governmental organizations having working relationships with the United Nations;
3. Individual observers.

*Programme*

The agenda of the Congress will include the following items:

1. Standard minimum rules for the treatment of prisoners;
2. Selection and training of personnel;
3. Open institutions;
4. Prison labour;
5. Juvenile delinquency.

These questions will be examined on the basis of the findings of the United Nations regional conferences in the field of the prevention of crime and the treatment of offenders, as well as of additional documentation prepared at the request of the United Nations Secretariat.

In accordance with the above-mentioned Resolution of the General Assembly, the resolutions adopted by the Congress will be communicated to the Secretary-General and, if necessary, to the policy-making bodies of the United Nations.

In addition, the programme of the Congress will include certain related activities, such as visits to institutions, the showing of films, etc.

The United Nations Secretariat will give later further information concerning the organization of the Congress, *inter alia* with regard to the participation of individual observers.

# Book Reviews

## DIARY OF A SELF-MADE CONVICT

ALFRED HASSLER, Chicago: Henry Regnery Company, p viii, 182, 1954

THIS is a book I wish I could recommend whole-heartedly, enthusiastically, and without reservation to my colleagues. All the makings for a definitive study of imprisonment and prison are here: the opportunity for a close look at the mechanics of the punitive experience from the inside by an articulate and sensitive observer, the intimate participation in the experience of social rejection by a critical intelligence. All, that is, except the humility and true compassion that are required to do the job the author sets out to do—and, I'm sure, despite his verbal disclaimer, believes he has done.

Alfred Hassler was a prisoner in the penitentiary at Lewisburg during the critical war years. A conscientious objector, he was one of the all-too-numerous victims of those times. No criminal except in the narrowest legalistic sense, he nevertheless shared the experience of the veriest criminal. By profession an editor and journalist, in the peniteniary he kept a diary; and it is this diary he presents us with approximately eight years after the day of his release.

As a diary, the running account of Hassler's prison days and nights has a certain charm and, undoubtedly, a personal significance to the author. But the reader, particularly the professional reader, will find it distressingly inadequate and certainly unequal to the glowing promises made for it in H. E. Barnes's *Forward*. The trouble lies chiefly (and amazingly!) in the pretentiousness, in the pomposity, in the vanity, finally, of the author. On almost every page one meets this distressing quality; it suffuses the whole work and, unhappily, destroys it. At last, one can only despair that the job of telling what it is like to be on the inside, and with this telling, of directing the efforts of professional criminologists, remains to be done.

I could not conscientiously close this review without correcting Mr. Hassler on at least one matter of fact. It happens that I was on the staff at Lewisburg during the time of which he writes. During the escape attempt to which he devotes some space, I was in a position to observe the entire proceedings. Thus I can testify to the gentlemanly conduct, if not the absolute heroism, of the Chief Medical Officer throughout that episode. For Mr. Hassler to give credence in any way to contrary prison gossip is less than fair.

ROBERT LINDNER

## THE LUCIANO STORY, Sid Feder and Joachim Joesten, David McKay Co., Inc., New York, 1955.

Ever since Salvatore Lucania, alias Lucky Luciano, was paroled and deported in 1946, after serving ten years of his thirty-to-fifty-year sentence as kingpin of the pre-war prostitution racket, the legend has persisted that the full story of his settlement with the law has yet to be told. Gossip and conjecture would have it that he had been so intimately involved in the underworld's working arrangements with leading politicians that he was able to buy his freedom with a guarantee of silence. Whatever the facts may

be, the complete, documented story of the life and times of Luciano would make a notable social record. But this is not it.

Compiled by two practiced artisans of tabloid journalism, this is a mismash of familiar facts, tenuous deduction and flimsy innuendo, interlarded with reports of interviews with Luciano in Italy and evidence of certain narcotics-running, smuggling and other illicit operations speculatively linked with his name there. Mainly, it is a spiced-up rehash of testimony recorded at the gangster's trial and in the Kefauver crime hearings and of stories culled from newspaper morgues. It is long on high-pitched sensation and replete with the two-plus-two-equals-six brand of arraignment, but short on responsible substantiation.

For example, several suggestions scattered through the book, when put together, imply that Luciano controlled a crime syndicate that corrupted government along a "trail that even led up Pennsylvania Avenue to the very door of the white building that stands as a symbol of democracy." By hint and allusion much is made of the power of gangs in the labor unions in relation to the presence of labor leaders in the wartime Government. A periodic furtive visitor to Luciano's Waldorf apartment at the height of his career is described as "a prominent citizen, very high in politics." Other intimates are identified as "certain personalities in New York politics—a former judge of General Sessions Court, a Tammany district leader, and the like." Persons now dead and some whose roles are a matter of record are named; others, who might be able to retort, are left anonymous.

The story told of Luciano's much-discussed visitors in Clinton Prison is that they were intermediaries for the Navy secret service—first to get the gang boss' help in placing under-cover agents on New York piers and in Atlantic supply lines to combat subversion, and later to line up information and arrange contacts for the Allied landings in Italy. This is represented as a basis for the consideration shown in granting his parole after the war. In nebulous fashion the impression is left that Luciano's formerly national power has been translated to an international sphere, that he still has a hand in running narcotics and other contraband from Italy and that, by remote control, he still exercises a potent influence in the hierarchy of the underworld.

Anyone with the hardihood to weather the authors' effusions of tabloidese, Broadway lingo and crime-thriller bromides — people are "characters," arrivals "hit town," devices are "gimmicks," speakers "sound off," —may here refresh and supplement his recollections of the post-prohibition racket era. But the formula is too glib—as when a scrap of hearsay in one paragraph becomes a departure-point for a key deduction in the next—and the presentation is too slipshod to justify much confidence in the residue of amorphous scandal.

THE SEXUAL OFFENDER AND HIS OFFENSES, Benjamin Karpman, M.D. Julian Press, New York, 1954.

THIS bulky volume of nearly 750 pages serves, in its framework, to bring Krafft-Ebing up to date and, in its excrescences, to survey the literature and prevailing theory on analysis and treatment of sexual anomalies. It is a striking example of the difficulties that confront a busy practitioner when he attempts a book of this kind, and the corollary difficulty of the time-pressed reader who undertakes to digest it. Dr. Karpman solves the problem of arranging his wide-ranging material in a manner that suggests that it was largely accumulated

rather than specially conceived. His straight-line method of presentation involves some repetition and tedium for the reader who takes it whole, but it has the alternative virtue of comprehensiveness. No doubt it will endure more as a shelf-book to be consulted and browsed than as one to be imbibed outright.

The first sizable section brings into focus the literature on sex problems from 1912 to 1951, thus constituting a historical record of discovery, discussion and therapy in this field. From there Dr. Karpman goes on to describe, define, classify and collate offenders and their offenses, and to crystallize his experience and judgment on therapy or other disposition. His treatise on the medico-legal aspects of the problem portrays the sharpening conflict between therapeutic considerations and the demands of social protection and law enforcement. His elucidation of the variations and inconsistencies in the law, the common failure to recognize the psychological aspects of offenses and the illusory distinction between sanity and insanity epitomizes the current discussion of these dilemmas. He accentuates the growing demand for the repeal of archaic laws rather than the promulgation of new ones, for more public enlightenment on the distinction between normal and abnormal sexuality, for missionary work by psychiatrists among the other professions and for greater professional responsibility for child guidance in homes and schools and also in reformatories and training schools.

Dr. Karpman's judgments are closely interwoven with his citations from other authorities. In some respects the combined effect of the two may be considered controversial. For example, homosexuality is so many-sided and mercurial a problem that it is a moot question whether a hands-off attitude toward homosexuals on the part of the law-enforcement authorities is yet justifiable. As for therapy, Dr. Karpman sums up in an unfavorable prognosis: "The general opinion is that psychiatric treatment of the homosexual is not promising. Homosexuality is, however, sometimes responsive to psychotherapy, if it is earnestly desired. It may often be too deeply rooted to be eradicated."

OUT OF WEDLOCK, Leontine Young, McGraw-Hill, New York, 1954.

The traditional view of the unmarried mother as a victim of male deception, as a pawn of a momentary biological surge, or as simply a "bad girl," is being revised. Insight has long suggested to many doctors and social workers that numerous cases of out-of-wedlock pregnancy are not satisfactorily explained by orthodox concepts. The ostensible circumstances too often are unconvincing. Now comes what amounts to statistical evidence of a psychodynamic element that would seem to will some girls into pregnancy by wish patterns of which they are unconscious.

Miss Young, from contact with 350 cases of illegitimacy and access to the records of 1,000 others, was struck by the persistent recurrence of certain personality and environmental factors. Going beyond the familiar glib stories of seduction and rape, knockout drops and swooning innocence, she charted and analyzed the various sets of consistent trends in underlying traits and backgrounds. What she finds is that an impressive number of girls appear to be virtually driven to conception by subconscious impulses that are part of their neurotic or psychotic constellations. A majority of these come from mother-dominated homes. In a smaller but considerable percentage the homes are domi-

nated by the father. In each case the normal trinity of mother, father and child is perverted into a duality, and the baby—seldom envisaged by the mother as a child or potential adult—is at once a gift of distorted love and an instrument of revenge toward the dominating parent. The role of the father of the baby—"a faceless male"—is hardly more than that of inseminator; the congress is random and brief, normal sex gratification is lacking the experience is unhappy for the girl. In gestation and birth, however, she appears to undergo a fulfillment and a catharsis that respond to a morbid psychic need.

Miss Young, who is professor of casework in the School of Social Administration, Ohio State University, raises some provocative implications in the field of social work. Her conclusions point to a revised approach to the problem of both the unwed mother and the unmarried father. Endorsement of her theory is provided in a postscript by Dr. Robert Fliess, who finds that she has unknowingly supported psychoanalytic concepts propounded long ago by Freud.

LONDON AFTER DARK, Robert Fabian. British Book Centre, New York, 1954.

"Fabian of the Yard," former detective superintendent of Scotland Yard and now journalist extraordinary, exerts a laconic charm by taking several familiar ingredients usually found separately, mixing them up and producing a potpourri as protean as a London street scene. He borrows the mantle of Sherlock Holmes to recount bizarre cases he has figured in or has witnessed. He portrays the London underworld with a deftness, zest and sympathy reminiscent of Thomas Burke. He reveals and comments upon a diversity of metropolitan social problems. And he expertly throws light upon an arresting phenomenon of British life, the almost mystical rapport that exists between the masses and the forces of law and order. He helps one to understand how that imperturbably majestic figure, the British bobby, making his rounds armed only with the aura of vested authority, can contend with the crime that manages to persist in spite of national traits weighted on the side of respect for a neighbor's rights. Fabian's tales of London night life, and of the unobtrusive role the policeman plays in it, scintillate with entertaining facets, but perhaps the deepest impression he leaves is one of awe at the Yard's penetrating knowledge of errant people and its proficiency in dealing firmly and even toughly with the vicious, but patiently and understandingly with those who are merely weak, underendowed and fallible.

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A teacher of retarded boys in Britain has an antidote for excessive preoccupation with "comics." He invites his pupils to invent their own "comics" and relate the stories in class—but with the condition that every imagined episode must be within the realm of possibility. No space ships. No magic cloaks or abracadabra. No push-button miracles.

# The World of Social Therapy

**Alcoholics**—New Jersey is considering a plan for an institution for the specific care of alcoholics. Legislation has been proposed to enable magistrates to commit victims of alcohol directly to the institution for rehabilitation without further legal procedure.

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**Breasts**—A medico-psycho-social problem, as presented by Dr. Goodrich C. Schauffler, a Portland, Ore., gynecologist: "Anomalies of the breast in childhood call for more attention from the physician in the present age because of accelerated trends contingent upon Hollywood influences and the insane emphasis by modern advertising and the press upon this semi-respectable sex appendage. The array of bosoms now available to the naked eye is simply appalling, and it has its results early and late . . . I was asked to see a girl of 10, scarcely into adolescence, who was wearing miniature falsies and was already the subject of a bosom inferiority complex . . . We must under no circumstances disregard the psychic—I might even say psychotic—influence of such matters upon our youngsters. It can be exceedingly serious. Recently in my own practice I had one attempted suicide and several rather serious and total derangements contingent upon real or fancied breast irregularities."

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**Comics**—The clean-up of the comic-books industry gives promise of being effective. Under a code administered by Charles F. Murphy, a former New York magistrate, 126 stories have recently been rejected and more than 5,600 drawings shorn of objectionable features. The taboos include overemphasis on sex, detailed tutoring in methods of crime, and gross aspects of horror, terror and violence. The code authority has jurisdiction over 28 of the 31 major publishers, with a production of 75 per cent of the 60,000,000 comic books published monthly.

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**Epileptics**—The American League Against Epilepsy, in demanding justice for the nation's 800,000 epileptics, is publicizing the inequities imposed on many of these people by treating them as mental defectives. Nineteen states have sterilization laws applicable to epileptics, 17 forbid them to marry and six of these make marriage a crime, and 16 bar them from driving. The league is seeking exemption of epileptics from the sterilization and anti-marriage laws, granting of the right to drive after two years free from seizures, and employment aids including exemption of employers from liability for injuries to epileptics resulting from seizures.

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**Geriatrics**—"Booster-shots" of psychiatric attention have proved helpful to the inmates of the Home for Aged and Infirm Hebrews of New York. A series of short, widely spaced sessions with a psychiatrist is said to have imparted a new feeling of peace and security and to have enabled the patients to participate more fully in communal activities.

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**Youth Guidance**—France has set an estimable example in foresighted human planning by placing in its Cabinet a Secretary of State in Charge of Youth Affairs. The "man in charge of hope," as he has been labeled, is André Moynet, 33. The long-range object of the experiment is to inculcate in youth a sense of participation in public affairs and to combat the tendency to lethargy and routine in the political, economic and social spheres.

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The breed of race horses has been improved to a remarkable degree. We would like to do the same for humanity, but it is a very difficult business deciding what human beings have won the race of life, whereas is is fairly easy to see which people can be classified in ending last.—*Sir Charles Galton Darwin*, Leader of British Eugenics Society